HÆMORRHAGE FOLLOWING TONSILLOTOMY.

By J. WALKER DOWNIE, M.B., F.F.P.S.G.,

LECTURER ON DISEASES OF THE EAR AND THROAT, WESTERN MEDICAL SCHOOL, GLASGOW; SURGEON, THROAT DEPARTMENT, ANDERSON'S COLLEGE DISPENSARY, ETC.

Reprinted from the Edinburgh Medical Journal for September 1887.

In the *Edinburgh Medical Journal* for August last I published an article on "Hæmorrhage following Tonsillotomy," illustrated by a case—to my mind a very exceptional case—which occurred in the course of my work a few months previously. As many were interested in that communication, I think it right that the subsequent history of that case should also be published.

The notes as published ended where the patient left Glasgow for the Highlands to recruit, which was towards the end of November 1885. There he slowly regained his strength, was able to work about the croft, and to walk considerable distances to visit old friends. Early in the summer of 1886 he felt sufficiently strong to resume his previous occupation, that of police constable, and with this object he returned to Glasgow in June. Although he received on leaving the Glasgow force a very high character, he was unable to get a post. He became anxious, worried on account of being compelled to live on the earnings of others, and as a result neglected himself—frequently remained long without food while calling on those who might by their influence gain him an appointment.

I saw him occasionally. The choking sensation at the back of the throat, for relief of which the tonsils had been operated upon, remained in abeyance; but he still complained of a feeling of depression over epigastrium. On 24th September 1886, at 2 A.M., I was requested to see M'I. without delay, as his throat was bleeding profusely. I lost no time in getting to his lodging, when I found him sitting before the fire with an ordinary ware spitoon by his side filled to overflowing with bright red blood. He had been out of town, and in his anxiety to make the most of his time that day he had had little or no food after breakfast. In the evening

he had had some whisky with some companions, and only got home at 1 A.M. Shortly after entering the house he coughed slightly, and this was immediately followed by the hæmorrhage. I applied strong perchloride of iron solution, which apparently at once arrested the bleeding, and I ordered small and frequently repeated doses of tincture of steel. Well on in the afternoon of same day hæmorrhage again suddenly occurred, was again checked by use of the perchloride, and liquor ergot was administered internally. Those hæmorrhages—notwithstanding rest, all food (chiefly milk diet) absolutely cold, and the regular administration of liquor ergot —recurred almost exactly every six hours. On the evening of the following day (up till which time I had considered the blood to be of pharyngeal origin—though bright in colour it was not frothy as in hæmoptysis, it had none of the appearances of blood due to gastric hæmorrhage, and the application of perchloride of iron on each occasion arrested it *instanter*) I, in company with my friend Dr A. M. Ramsay, carefully went over the chest without detecting anything even suspiciously abnormal. On the 26th September I had him conveyed to one of the surgical wards of the Western Infirmary. Hæmorrhage continued to appear at intervals as before, the quantity lost on each occasion being roughly gauged at from 6 to 8 ounces. The pharynx, naso-pharynx, and larynx were here again carefully examined, and as a considerable proportion of the blood was now expelled through the nose, and as a quantity was lodged in the naso-pharyngeal space, and also as a careful examination of the chest gave negative results, the ruptured vessel was for a time considered to be in that part, which opinion was strengthened by the fact that the bleeding seemed to be at once checked by the insufflation into that space of tannic acid. Perfect quiet was enjoined, along with the constant sucking of ice and the administration of ergot. By the end of the month he had developed a frequent tickling cough, accompanied by shortness of breath and night sweats.

On 1st October he was removed to one of the medical wards, and the following notes, kindly copied from the report in the ward journal by Dr Kennedy, resident assistant, contain the more important details of his subsequent history:—

After detailing the early history of his illness as given above, it is stated that patient had had a slight cough for the past three months, the result of a cold caught on board steamer when returning from the Highlands. With this he had but little expectoration, which latter was entirely free from blood till about six days ago. For the following three or four days the sputa consisted almost solely of blood; but since that time it has considerably diminished in quantity, and has been more frothy in appearance. Latterly he has been perspiring profusely at night. A few days ago he suffered from diarrhœa, but his bowels are now regular. His tongue is dry and furred, and his countenance is anxious and breathing hurried,

—respirations being 34 per minute, and pulse 92, full, soft, and compressible. Patient considers that he has never been very robust, having for many years been troubled with sore throat, for the relief of which his tonsils were excised about a year ago, the operation being followed by profuse hæmorrhage.

Patient's father died of diphtheria at age of 70; his mother is alive, aged 70; and nine of their children are alive, and, with exception of patient, in good health. One sister alone is dead: she is said to have had rheumatism with heart disease. She had gone to Queensland, and died, while suffering from cough, with hæmoptysis and dropsy (due in all probability to the heart condition). "On account of the patient's extremely weak condition, no physical examination was made till the 11th October, when Dr Finlayson detected friction in the right infra-mammary region, in which situation he had more or less pain during the last week."

From the 1st till the 24th there are notes of frequent hæmorrhages —sometimes amounting to 10 or 15 ounces at a time, the blood being bright red and frothy—each usually following a severe fit of coughing. These were, as a rule, checked by the subcutaneous injection of ergotine. The patient rapidly became weaker, and on the 28th, "shortly after 4 A.M., he again vomited a large quantity of bright frothy blood, after which he gradually sank, and died about 5 A.M."

Such is the story of the case; and the course of the disease from the first appearance of hæmoptysis on the 24th September has been that of hæmorrhagic phthisis—Phthisis ab hæmoptoë of Niemeyer. Dr Theodore Williams says of hæmorrhagic phthisis, that "it is more common in men than in women, in the proportion of five to one; and the period of attack is later than in the ordinary forms, possibly owing to the element of heredity being generally absent. Long and repeated hæmorrhage is the principal feature, associated with a small amount of detectible disease. The patient may have had signs of failing health before the hæmoptysis, but often he is apparently in good health when he is suddenly attacked with profuse hæmoptysis, the blood being florid, the hæmorrhage sometimes lasting many days, and always causing a reduction in flesh and strength" (*Quain's Dictionary of Medicine*). As regards heredity in the case I have described, it seems distinctly absent as far as family history detailed by a patient can be relied upon. But he had been for many years the subject of chronically enlarged tonsils, which are undoubtedly symptomatic of the scrofulous diathesis, and in such an individual the profuse hæmorrhage which followed the excision of the tonsils twelve months previously may have in a remote way predisposed the patient to phthisis. I have been told of a case where a big powerful Highlander allowed a vein in his arm to be opened and a quantity of blood transfused therefrom to a patient suffering from loss of blood. The Highlander shortly after was the victim of acute phthisis, which terminated fatally,—the

sudden withdrawal of the large quantity of blood seemed in this, as in some other recorded cases, to have acted as a predisposing cause.

In my former communication on this subject I gave a synopsis of all the cases of severe or alarming hæmorrhage following the removal of a tonsil I could lay hands on. But shortly after its publication my attention was drawn by Dr Pugin Thornton, corresponding member of the American Laryngological Association, to a paper "On the Question of Hæmorrhage after Tonsillotomy," read by Dr George M. Lefferts of New York at the third annual meeting of that Association held in Philadelphia in 1881, and published along with the discussion on the paper in the *Transactions* of the Association for that year. This interesting paper is based on an experience of 500 tonsillotomies, the result of which he thus summarizes:—

"1. A fatal hæmorrhage after the operation of tonsillotomy is very rare.

"2. A dangerous hæmorrhage may occasionally occur.

"3. A serious one—serious as regards both possible immediate and remote results—is not very unusual; and

"4. A moderate one, requiring direct pressure or strong astringents to check it, is commonly met with.

"In a large percentage of cases, certainly a majority, no trouble after the operation is experienced, the bleeding quickly ceasing either spontaneously or by the use of a little ice.

"In other words, facts have taught us that though the operation of tonsillotomy, thoroughly performed, is usually unattended by untoward result, still it is not entirely free from alarming, sometimes dangerous, results; and that though these be the exception, they should not be ignored; and that the surgeon must always be prepared, both mentally and manually, to cope with a hæmorrhage that may unexpectedly occur."

No fatal cases occurred in Dr Lefferts' hands, but he had two very similar to that reported by me; and Dr Elsberg, who spoke during the discussion, also mentioned two of his cases "where he feared it would be necessary to tie the carotid, and everything was prepared for such an operation."

In those cases, despite the active measures employed by skilful hands, the patients became "blanched, bloodless, and almost pulseless," and took months to thoroughly recover.

It is well, I think, that such accidents, occurring in the hands of specialists of recognised ability, should be more widely known to the profession.

EDINBURGH: PRINTED BY OLIVER AND BOYD.